



Eric Holcomb, Governor  
State of Indiana

***Indiana Family and Social Services Administration***

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Dr. Jennifer Sullivan, Secretary

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**Family and Social Services Administration – FY22-23 Overview**

This letter accompanies the budget submission of the Family and Social Services Administration (FSSA) for the FY22-23 biennium.

**FSSA Vision**

*All Hoosiers live in fully engaged communities and reach their greatest emotional, mental and physical well-being*

**FSSA Mission**

*To compassionately serve our diverse community of Hoosiers by dismantling long-standing, persistent inequity through deliberate human services system improvement*

FSSA facilitates the delivery of health and human services to one of every six Hoosiers through a network of programs and funding sources. Under the leadership of Governor Holcomb we have oriented these services to support the overall health and well-being of Hoosiers through a social determinants of health lens. The agency has become a strategic partner across state agencies and community stakeholders by leveraging policy and finance to improve Hoosier health outcomes. The financial strategy of the agency leverages State General Fund appropriations with matching federal funds to improve and expand services to eligible Indiana citizens in need.

**FY22-23 Budget Overview**

FSSA is organized into eight care divisions plus administrative support:

Care divisions

- Office of Medicaid Policy and Planning
- Disability Determination Bureau
- Division of Disability and Rehabilitative Services
- Division of Aging
- Division of Family Resources
- Division of Mental Health and Addiction
- Office of Early Childhood and Out of School Learning
- Indiana 211

Administrative support functions

- Executive office



General Counsel (legal, audit, investigations, hearings and appeals)  
 Communications  
 Legislative Services  
 Office of Healthy Opportunities
 

- with new oversight by FSSA’s Chief Health Equity and ADA Officer

 Technology services  
 Contract management  
 Financial and accounting

### **FSSA Agency Initiatives**

The agency is committed to integration of services for people-centered outcomes. Utilizing the Holcomb Administration pillars, FSSA has initiated significant program and process improvements to support the Hoosier economy, workforce, and relief from the opiate epidemic. The most significant of these include: 1) restructure and support of our Data and Analytics team to drive data-informed evaluation and decision making, 2) launching a state/academic partnership to maximize state wide resources and federal fiscal support, and 3) the implementation of the Healthy Opportunities Office which integrates social service and health care delivery with social determinants of health connectors to decrease health disparities and improve health outcomes, while driving down cost.

FSSA is also committed to developing and supporting the staff of this statewide service delivery agency. We launched our Employee Engagement Campaign in August 2020 to help further solidify our connections to health outcomes across the agency.

### **Office of Medicaid Policy and Planning (OMPP)**

#### **OMPP VISION**

*Building programs and processes that enable Hoosiers to live in fully engaged communities and reach their greatest emotional, mental and physical well-being.*

#### **OMPP MISSION**

*To support Hoosiers’ greatest well-being with effective and efficient programs, remarkable collaborations, measurable impact on individuals and communities, and an energized staff that is fully engaged with this mission.*

### **Accomplishments – Organizational/Leadership**

1. Revised vision and mission, centering on improving member and provider experience while ensuring long-term sustainability of the program that ensures access to care.
2. Reorganized Office of Medicaid Policy and Planning from hierarchical structure to matrix organization with an interdisciplinary leadership team focused on enhanced communication, collaborating and innovation.

3. As a part of the reorganization, hired OMPP's first ever actuary to ensure proper oversight and engagement with managed care rate setting processes and general Medicaid reimbursement methodologies.
4. Established a Project Management Office within OMPP to serve as intake for program proposals, provide process for evaluation and project management support.
5. Established a learning environment for staff featuring new classroom trainings, Section trainings and monthly brown bag lunch and learns.

### Programmatic

1. Healthy Indiana Plan Enhancements and Extension:
  - OMPP Received approval from the federal government to operate the first of its kind HIP Workforce Bridge program – a transitional account to help HIP members maintain coverage and avoid potential negative consequences from advancing into the workforce. HIP Workforce Bridge will provide a \$1,000 account to individuals transitioning out of HIP due to higher incomes.
  - OMPP is currently pursuing renewal of the HIP program with a ten-year renewal period.
2. Serious Mental Illness Waiver Implementation:
  - OMPP received approval from the federal government to pay for acute inpatient stays in institutions for mental disease for individuals diagnosed with Serious Mental Illness (SMI) – ultimately allowing the state to offer the full continuum of treatment for those with co-occurring mental health and substance use disorder (SUD). Indiana was one of the first few states in the country to be granted this 1115 waiver authority.
3. Combatting the Opiate Epidemic:
  - OMPP implemented and/or expanded several strategies to combat the opiate epidemic, including further alignment of opioid/benzodiazepine medical necessity criteria and allowing additional providers to supervise the plan of treatment for a patient's outpatient mental health or SUD services. OMPP also further developed the existing SUD 1115 waiver and continued to convene a cross-industry stakeholder workgroup meant to improve delivery system performance.
4. Re-procurement of Hoosier Care Connect Program:
  - OMPP re-procured Hoosier Care Connect Program (HCC). Effective April 1, 2021, the new contract for HCC includes updates to make the program more responsive to the needs of the aged, blind, and disabled population of Indiana. Updates include requirements for broader dental and behavioral health provider networks, engagement of stakeholder groups in member advisory councils, limitations on the strictness of authorization criteria, and updated fines for health plans that fail to comply with requirements.
5. Expanded Access to Hepatitis C Medication:
  - OMPP expanded access to Hepatitis C medication.
6. Mental Health Services Enhancements:
  - OMPP pursued expansion of mental health service opportunities, including removing the restriction that crisis intervention, intensive outpatient treatment and peer recovery be limited to Medicaid Rehabilitation Option (MRO) services.
7. Rate Methodology Development:
  - For the first time ever, OMPP began a series of rate methodology efforts to align, make more transparent, and ensure sustainability of reimbursement rates in the various Medicaid

- programs. OMPP completed step one of Home and Community Based Services (HCBS). Future plans for further alignment have been paused due to the COVID-19 pandemic.
8. Community Health Workers:
    - OMPP established a reimbursement mechanism for community health workers (CHW). CHWs are frontline public health workers who work closely within a community to facilitate access to services and improve quality and cultural competencies of services delivered. Over time, CHWs will be an important catalyst to improving outcomes and overall Hoosier health and well-being.
  9. Address Infant and Maternal Mortality:
    - OMPP addressed infant and maternal mortality by expanding benefits for certain qualified immigrants identified as permanent residents (prenatal and postpartum), reimbursing Advanced Practice Registered Nurses for high-risk pregnancy care, and pursuing the Maternal Opioid Misuse (MOM) grant proposal.
  10. Vaccines for Children:
    - OMPP increased reimbursement for administering vaccines for children.
  11. COVID-19 response:
    - OMPP pursued 40+ policy changes to adjust to shifting patient and member needs during pandemic. Enhancements during this time included streamlining provider enrollment and enhanced telemedicine opportunities.
  12. Telemedicine Sustainability:
    - OMPP is developing a telemedicine sustainability model that leverages newly afforded flexibilities from the federal government related to the COVID-19 response.

#### Programs to be reduce/eliminated

1. Plans to establish a new centralized enrollment and credentialing process have been stopped. Instead, OMPP will explore ways to streamline the process with providers and Medicaid managed care plans.
2. Given new access to some Medicaid members under the 21<sup>st</sup> Century Cures Act, Indiana will allow End-Stage Renal Disease enrollees to enroll in Medicare Advantage plans beginning January 1, 2021.
3. OMPP plans to come into compliance with the Federal 21<sup>st</sup> Century Cures Act, which requires state Medicaid programs to pay at Medicare rates for Durable Medical Equipment (DME). Historically Indiana has paid above and has announced plans to come into compliance by 2/1/2021.

#### Challenges over biennium and recommendations on how to address

1. Contract limitations will be a challenge over the next biennium, particularly when it comes to our actuary work and waiver consulting services. We must rely on our actuary consultants to provide us with certifications and analysis of the billions of dollars associated with our Medicaid managed care plan contracts.

## **Division of Disability and Rehabilitative Services (DDRS)**

### **DDRS MISSION**

*To facilitate effective partnerships to enhance the quality of life for the people we serve in the communities and pursuits of their choice.*

### **DDRS Vision**

*DDRS's vision is guided by principles of self-advocacy and self-direction, quality integration through quality outcomes, and work first as key to a meaningful day. DDRS facilitates the delivery of support services to children under the age of three with learning delays and disabilities, to eligible individuals with cognitive disabilities, to the blind and visually impaired, to the deaf and hard of hearing, and to those who can benefit from vocational rehabilitation services.*

DDRS is responsible for the administration and oversight of four bureaus:

- Bureau of Rehabilitation Services (BRS)
- Bureau of Developmental Disabilities (BDDS)
- Bureau of Quality Improvement Services (BQIS)
- Bureau of Child Development Services (First Steps)

### **DDRS accomplishments in FY20-21**

1. Bureau of Rehabilitation Services (BRS) - BRS has focused significant effort on the implementation of several new requirements and changes resulting from the signing of the Workforce Innovation and Opportunity Act (WIOA) into law over the past four years. Major BRS accomplishments for the past two years are briefly described below:
  - BRS continued to make progress toward full implementation of several new federal requirements under the Rehabilitation Act, as amended by the Workforce Innovation and Opportunity Act (WIOA), including:
    - Earmarking 15% of federal Vocational Rehabilitation (VR) funds for the provision of pre-employment transition services (Pre-ETS) to students with disabilities, age 14-22, who are eligible or potentially eligible for VR services. Pre-ETS are largely carried out through contracted entities who are providing services in all 92 counties. Furthermore, the Department of Workforce Development and BRS entered into an MOU for the provision of Pre-ETS to students with disabilities through the Jobs for America's Graduates (JAG) Program. The number of students with disabilities receiving Pre-ETS has increased substantially over the past few years, with over 9,000 students receiving services in the last fiscal year.

- Enhancing collaboration with the Department of Workforce Development (DWD) and Governor's Workforce Cabinet to submit a new WIOA Combined State Plan in 2020. Implementing additional revisions to the data collection and reporting process to meet ongoing federal requirements, including submitting new reports in the last fiscal year and reporting additional data for evaluation of common performance measures.
- Continued collaboration with the Arc of Indiana and Self Advocates of Indiana to provide career counseling and information and referral services to 4,000+ individuals employed at sub-minimum wage.
- BRS has implemented several strategies to build staff capacity over the past two years, including staff salary adjustments and the creation of a VR Counselor Trainee position in 2019. As a result, BRS has experienced significant improvement in staff retention and a reduction in caseload sizes to more manageable levels, however, more work is needed to recruit qualified candidates to work toward serving more eligible individuals.
- BRS received approval from the Rehabilitation Services Administration (RSA) to implement an order of selection in 2017, and the order of selection process has continued to date. State VR agencies are required to implement an order of selection in order to prioritize services to individuals with the most significant disabilities, when sufficient resources are unavailable to serve all eligible individuals. BRS continues to implement strategies to build capacity and was able to release 200 eligible individuals from delayed services status in February 2020. Additional releases have been planned though the timeframe for implementation still needs to be determined.
- System modernization efforts were a key initiative over the past two years. Both a new case management system and an electronic claims payment system for VR vendors went live in May 2019.
- BRS continued to support approximately 40 establishment projects with employment service providers over the past two years, focused on enhancing provider staff capacity and training, aimed at improving employment services and outcomes for individuals with disabilities. Outcomes to date indicate very positive trends in the provision of supported employment, employment outcomes and retention, average wages and weekly work hours, and foundational skills training for employment services staff.
- BRS completed a comprehensive statewide needs assessment, obtaining feedback from a wide range of individuals and stakeholders in 2019 to outline priorities for the next three years. The needs assessment can be viewed at [https://www.in.gov/fssa/files/CSNA\\_plus\\_survey\\_2019\\_final.pdf](https://www.in.gov/fssa/files/CSNA_plus_survey_2019_final.pdf)
- In collaboration with DMHA, BRS secured 300 hours of training and technical assistance through the U.S. Department of Labor Visionary Opportunities for Increasing Competitive, Employment (VOICE) initiative. The project is aimed at improving employment outcomes for individuals with

mental health diagnosis. A taskforce was established in August 2019 to help guide the project and identify barriers and strategies to address barriers and gaps in service delivery.

- Transitioning the coordination of communication accommodations in house with the BRS Deaf and Hard of Hearing Services (DHHS) program, at a savings of over \$100,000 annually.
2. Bureau of Developmental Disabilities (BDDS) - BDDS had several significant programmatic accomplishments. Major BDDS accomplishments for 2019-2020 are listed below:
- BDDS successfully completed the first stage of the IT systems consolidation project with the implementation of the BDDS portal database.
  - BDDS realigned staff project assignments, priorities, and work tasks to reallocate 5 staff positions to the BDDS district offices to address an over 60% increase in individuals served between 2010-2019.
  - BDDS implemented waiver renewals for the Family Supports Waiver (FSW) and the Community Integration and Habilitation (CIH) waiver in 2020. This implementation was delayed due to COVID-19, but did ultimately result in adding service delivery flexibility and options for families on the FSW to support individuals in remaining in their own homes, and introduced remote technology support options that will result in greater individual independence and community integration, while also providing monitoring and support at a cost savings to the state
  - BDDS provided a rapid and thorough response to the COVID-19 public health emergency. BDDS responded quickly by provided policy flexibility through Appendix K. BDDS also implemented Day Service Grants that provided provider relief funds to providers with day services. BDDS also worked closely with ISDH to identify necessary any modifications needed for the ICF/IDDs. Additionally, BDDS provided weekly communication to providers, case managers, and key stakeholders to ensure an open feedback loop for questions and updated guidance.
3. Bureau of Quality Improvement Services (BQIS) - The Bureau of Quality Improvement Services' (BQIS) role is to assure the quality of services delivered through the Medicaid Home and Community Based Service (HCBS) waivers within BDDS, while at the same time considering and balancing person-centered values, HCBS principles, informed choice, independence and dignified risk. BQIS fulfills this responsibility by conducting provider oversight activities, monitoring the safety, health, and welfare of individuals in services, and managing and analyzing quality assurance data. BQIS accomplishments for 2019-2020 are listed below:
- BQIS revamped the provider renewal process. In collaboration with stakeholders, a process was designed to annually review a set of vital information. Every 2-4 years, based on the provider's national accreditation status, BQIS reviews all requirements for the provider to determine if the provider meets the CMS standards of a quality provider.

- BQIS issued an RFP for the quality contract in 2019 and awarded the contract in early 2020. The vendors began transitioning in the 4<sup>th</sup> quarter of FY2020.
  - BQIS was awarded the Living Well grant (\$400,000/year) from the Administration of Community Living to improve quality monitoring, which includes development of Medicaid HCBS quality metrics and education / training to providers, case managers and individuals and families.
  - BQIS contracted with Indiana University's Indiana Institute on Disability and Community (IIDC) to provide subject matter expertise in the form of facilitation, data collection, analysis, and dissemination of information as it relates to the National Core Indicators (NCI). Under federal Medicaid rules (1915c of the Social Security Act), states must demonstrate compliance with the HCBS waiver requirements. BQIS utilizes NCI data as a data source for the HCBS waiver performance metrics for our two HCBS waivers and to measure progress towards the goals of the Living Well grant which was awarded in 2018 by the HHS Administration on Community Living. Data in each of the waiver compliance areas must be analyzed and reported to CMS on an annual basis. If we fail to utilize a valid data source or to meet minimum compliance with the HCBS waiver assurances, we would not receive Medicaid funding for these programs.
  - BQIS developed and implemented a process to track and trend COVID-19 data for individuals receiving BDDS services and provider staff. Data obtained is shared with stakeholders on a routine basis.
4. Bureau of Child Development Services (First Steps) - First Steps provides early intervention services to infants and toddlers with disabilities or developmental delays and their families. This effort is legislated under Part C of the Individuals with Disabilities Education Act (IDEA) and administered by the Bureau of Child Development Services within DDRS. To be eligible for First Steps a child must be under three (3) years of age and have a developmental delay (determined in accordance with 34 CFR 303.321 and 470 IAC 3.1-7-1) or a diagnosed condition that has a high probability of resulting in developmental delay (as defined in 34 CFR 303.21). Early Intervention services are provided in accordance with the family's individualized family service plan (IFSP) designed to coordinate multiple services and financial resources including assistive technology; audiology; developmental therapy; family education, training, and counseling; health services; medical services; nursing services; nutrition services; occupational therapy; physical therapy; psychological services; service coordination services; social work services; sign language and cued language services; speech therapy; transportation; vision services; and other services to support the child's development and the family's capacity to support their child's development. Early intervention services are designed to support the family and reduce the need for special education services in the future. Major First Steps' accomplishments for SFY 2019 and 2020 are listed below:
- First Steps has been working over the last few years to build a stronger and more sustainable program infrastructure to support better outcomes for First Steps children and families. Part of

this effort has focused on personnel recruitment and retention. In 2019, First Steps continued to streamline and simplify its policies and procedures, remove unnecessary administrative burden on personnel, and strengthen recruitment efforts in partnership with Indiana higher education partners. First Steps also pulled together more than 30 professionals from Indiana's institutions of higher education around the common goal of strengthening preservice education requirements for early intervention and early childhood special education degree programs. These efforts have helped increase Indiana's early intervention workforce and the work will be ongoing to ensure First Steps personnel are highly qualified with the skills needed to deliver high quality early intervention services to infants, toddlers, and their families. In 2019, First Steps received full approval from the federal Department of Education, Office of Special Education Programs on Indiana's annual grant application under Part C of the Individuals with Disabilities Education Act. This was the first time since 2011 that Indiana received full approval on this application.

- Data collection and improved billing and case management has been another focus of First Steps' efforts to improve program infrastructure. In 2019, DDRS/First Steps awarded a contract to Public Consulting Group (PCG) to design, develop, and implement a comprehensive web-based early intervention data system, "EI Hub". This system will improve the enrollment of personnel as well as the delivery of service coordination (case management), service provision, and team collaboration around each family's individualized family service plan (IFSP). EI Hub will significantly improve data quality and availability and will provide DDRS, First Steps, and FSSA the ability to make data driven decisions. Another key objective of the EI Hub project is to increase fund recovery from both private and public insurance by improving the billing and claiming process for providers and the state. The new system is scheduled to go-live in February 2021.
- In 2020, First Steps provided a rapid and thorough response to the COVID-19 public health emergency. First Steps developed new tele-health policies, procedures, and guidance to ensure continuity of critical early intervention services for children and families. This response was nationally recognized, and many states used Indiana's policy documents as a model for their early intervention program responses. First Steps also provided its personnel the necessary training and support to implement the new tele-health services. This was achieved through a series of webinars with national speakers, provider forums, communities of practice, reflective supervision and consultation, and resources and tip sheets. A strategic communication strategy was implemented as well, so families and personnel were provided up-to-date and accurate information to support them during the emergency. Communication was delivered through program-wide SMS/email messaging, DDRS and First Steps listservs, weekly stakeholder conference calls, ICC meeting updates, and weekly System Point of Entry (SPOE) meetings. Guidance was developed and distributed to all stakeholders regarding getting back to in-person visits safely and responsibly. This guidance was developed using a workgroup of diverse stakeholders including providers, SPOEs, families, a public health expert and nurse, and state staff. This guidance was also nationally recognized and continues to be used as a model for other states as they work to develop their own state-specific response.

## DDRS significant initiatives for FY21-22

### 1. Bureau of Rehabilitation Services (BRS)

- A new VR Case Management system, Aware, was successfully implemented in May 2019 along with implementation of an electronic claims payment system. System modernization has assisted BRS in achieving increased efficiency, enhanced internal control processes, and improved timeliness in payments to VR vendors. A next step is to pilot the Aware QA tool and eventual expansion of the QA tool to be used for evaluation of staff performance as well as statewide and regional program performance.
- BRS will continue to implement strategies to increase staffing capacity and retention to improve the services provided to job seekers with disabilities. In 2019, after close collaboration with SPD, salary increases went into effect for VR Counselors as well as the creation of a VR Counselor Trainee position. Since that time, staff retention has improved significantly.
- BRS continues to monitor the VR employment service revisions (implemented July 2015) to evaluate the success of the new model in terms of improving the quality of services and outcomes, increasing focus on individualization, and increasing access to supported employment services for individuals with the most significant disabilities. BRS contracted with Public Consulting Group (PCG) to conduct a formal evaluation of the services and quality and quantity of outcomes. The final employment services evaluation report was completed in February 2020. Additionally, BRS will continue to invest in the establishment project contracts mentioned above through March 2021 to increase provider capacity and training. Data collected from the first two years of the establishment project demonstrated an improvement in service provision and outcomes for VR participants.
- BRS continues to seek opportunities for enhanced collaboration and blended funding to build capacity to serve more individuals. One successful demonstration of this collaboration is the expansion of shared funding through an MOU with DWD to carry out Pre-ETS through the Jobs for America's Graduates (JAG) program. VR has also partnered with DMHA on the VOICE project as mentioned above. Through the VOICE project, an online training series is in development and expected to be available to a wide range of audiences before the end of CY20. VR and DMHA area also planning an Introductory Individual Placement and Support (IPS) training to community mental health centers in SFY21.
- BRS will initiate a VR rule promulgation process to align current rules with new federal requirements under WIOA and add clarification where applicable.
- BRS is working on several initiatives aimed at reducing implicit bias in serving eligible Hoosiers with disabilities, including those with intellectual/development disabilities employed at subminimum wage, individuals engaging in substance use or abuse, individuals of color, and

individuals with mental health diagnosis. A variety of targeted training will be delivered in last SFY20 through SFY21 as well as revisions to training briefs and practices, where applicable, to reduce bias. One example is the roll-out of a revised training brief on provision of VR services to individuals with substance use disorders. Additionally, expanded guidance for working with youth with disabilities who are seeking subminimum wage employment is being developed, and will emphasize enhanced opportunities for youth to participate in work-based learning experiences to gather the necessary information to make an informed choice about their employment goals.

- Development and implementation of strategies for effective remote delivery of services including issuing guidance to service providers, reviewing and modifying practices as appropriate such as obtaining client signatures, and ensuring appropriate technology is available. Additionally, ensuring appropriate safety protocol is in place for staff working in state offices.
- Researching and implementing strategies to improve accessibility of webinars and virtual meetings for staff with hearing or vision impairments, including training staff on strategies for using MS Teams with an ASL interpreter.
- Developing and implementing a new training program for the Business Enterprise Program (BEP) as a strategy to increase the number of licensed blind managers employed in vending operations. The training will incorporate virtual training and other strategies to remove potential barriers to participation by blind Hoosiers.

## 2. Bureau of Developmental Disabilities (BDDS)

- In January 2014, the CMS announced a requirement for states to review and evaluate current Home and Community Based Services (HCBS) settings, including residential and nonresidential settings, and to demonstrate how Indiana's HCBS waivers comply with the new federal HCBS rules that came into effect in 2014. This is a key issue for BDDS as the rule for HCBS will require a large scope of work, over the next three years, in order to bring Indiana into compliance with this rule by 2023. This regulation requires HCBS services to be provided in fully integrated settings with person-centered practices.
- BDDS is redesigning the 1915(c) waivers currently administered for individuals with intellectual and developmental disabilities in order to align services and supports to the federal HCBS rules and establish a revised objective based allocation method to reflect participants' individualized needs. Initial planning and development began in early 2019 to effectively design waivers and to incorporate recommendations from the HEA-1102 2017 Task Force for Individuals with Disabilities. The implementation date for amended waivers is currently slated for January of 2022.
- In 2021, BDDS will transition one of our existing data systems to a web-based platform for improved function, programmatic controls, and system capacity. This transition is critical as the

Bureau is currently using a database that will not continue to be supported on current IOT platforms.

- BDDS will need to identify and implement a Level of Care tool for program eligibility. This will require a rule amendment and rule promulgation. It is estimated this will occur sometime in calendar year 2022.

### 3. Bureau of Quality Improvement Services (BQIS)

- **Quality Vendor Contract:** Training and technical assistance will be offered to BDDS providers. Trainings will include a pre-defined list as well as data driven topics. In addition, BQIS will implement quality on-site review of HCBS waiver providers. As part of Medicaid requirements, such reviews will meet monitoring responsibilities and provide data for technical assistance.
- **Incident Reporting System:** BQIS will be collaborating with stakeholders and utilizing data to evaluate and redesign the incident reporting system. The intended outcome is to employ a system that reflects 460 IAC 6, DDRS policy, and reflects the rights of individuals.
- **National Core Indicators (HCBS Metrics):** BQIS will work with Indiana University's Indiana Institute on Disability and Community (IIDC) to provide subject matter expertise in the form of facilitation, data collection, analysis, and dissemination of information as it relates to the NCI. Under federal Medicaid rules (1915c of the Social Security Act), states must demonstrate compliance with the HCBS waiver requirements. This new relationship with a designated University Center of Excellence will aid in ensuring improved outcomes and metrics for Medicaid HCBS population.
- **On-line Provider Application Process:** BQIS will implement a new online provider application process. The online application will streamline the process for providers who are applying and staff who are reviewing. BQIS will include components within the application to assist an applicant with understanding the program(s) and the population of individuals within each.

### 4. Bureau of Child Development Services (First Steps)

- **Federal State Systemic Performance Plan (SSIP) - First Steps** is involved in a federally required state systemic performance plan (SSIP) which focuses on results driven accountability. Indiana is entering year six of phase 3 of the plan which will focus on evidence-based practices and the exploration of the Family Guided Routines Based Intervention model, as well as professional development and technical assistance related to this effort.
- **Early Intervention Hub – Case Management and Reimbursement IT Project** - In 2019, DDRS/First Steps awarded a contract to Public Consulting Group (PCG) to design, develop, and implement a comprehensive web-based early intervention data system, "EI Hub". This system

will improve the enrollment of personnel as well as the delivery of service coordination (case management), service provision, and team collaboration around each family's individualized family service plan (IFSP). EI Hub will significantly improve data quality and availability and will provide DDRS, First Steps, and FSSA the ability to make data driven decisions. Another key objective of the EI Hub project is to increase fund recovery from both private and public insurance by improving the billing and claiming process for providers and the state. The new system is scheduled to go-live in February 2021.

- Insurance Billing and Fund Recovery – First Steps will continue to review policy and practice related to insurance billing and fund recovery. First Steps has already increased insurance recoupment by \$2 million since 2018. In 2019, Public Consulting Group was awarded the contract for First Steps Central Reimbursement Office and will be developing a new case management and billing system for the program that is expected to further improve fund recovery from private insurance and Medicaid. New legislation is in place as a result of House Enrolled Act 1176 (2020) that will allow First Steps to work with state regulated private insurance carriers to improve reimbursement for First Steps services. First Steps will also continue its work with other state programs such as Medicaid toward coordination of care and maximizing state resources.

#### DDRS Programs to be Reduced or Eliminated

##### 1. Bureau of Rehabilitation Services

- Progress toward releasing additional eligible VR individuals from delayed status under order of selection will be halted due to the current funding reductions.
- Funding reductions to Centers for Independent Living (CILs) may result in staff reductions or reductions in the scope of services or number of Hoosiers with disabilities who can be served to sustain or enhance their independence in their communities.

##### 2. Bureau of Developmental Disabilities Services

- Caregiver Supports – this program eliminated due to 15% budget reduction
- Two State Line Services – Sheltered Work and Community Sheltered Work services will be eliminated on 8/14/20 due to 15% budget reduction

#### DDRS challenges and recommendations

##### 1. Bureau of Rehabilitation Services

- Both staff capacity challenges as mentioned above due to the inability to fill vacant positions and positions that will become vacant, and funding reductions will substantially limit VR's progress

toward meeting targets outlined in HEA-1488 2019 regarding a move out of the order of selection process. Timelines are projected not to be met. To mitigate these challenges, VR is interested in pursuing interagency cash transfer agreements with other state agencies to increase non-federal match and subsequently increase the amount of federal dollars VR can draw. An agreement of this nature is currently in place with DWD as mentioned above and there may be opportunity to replicate a similar arrangement with other state agencies.

- If VR is unable to fill vacancies, the order of selection process in place may assist in maintaining manageable caseload sizes however the ability to release additional individuals from delayed status will be minimal, even if additional funding is provided. Both staffing and funding are factors that must be considered in determining when additional eligible individuals could be released from delayed status under the order of selection process.
- Meeting unfunded federal mandate to earmark 15% of VR federal dollars for pre-employment transition services (Pre-ETS) to students with disabilities, which reduces VR funding for other populations. Additionally, there are rigid requirements and restrictions on the allowable use of Pre-ETS which poses further challenges for fully spending the full 15% earmark. School closings as of March 2020 due to the COVID-19 pandemic posed further challenge with spending the Pre-ETS earmark funds.
- Access to businesses and schools may be limited and may reduce opportunities for work-based learning for both students with disabilities receiving Pre-ETS and eligible VR participants with disabilities. VR will continue to explore strategies for ensuring that services needs are met through creative solutions such as virtual tours of businesses or conducting activities outdoors.
- Individuals served by DDRS have disabilities which may place them in a high-risk category for COVID-19. Many individuals are requiring all service delivery to occur remotely and have narrowed their job search (for VR participants specifically) to remote work opportunities. Consideration should be given to expanding access to training and technology so that individuals with disabilities can acquire the necessary skills and means to compete for remote work employment.

## 2. Bureau of Developmental Disabilities Services

- BDDS has been working on a waiver redesign since early 2019. The COVID-19 pandemic has had a notable impact on what the redesigned approach may ultimately entail, and the time needed to implement a new or modernized service array. BDDS will need to prioritize service options and distribute existing resources differently in order to realize the changes necessary to be fully federally compliant, address service quality issues, and maximize available resources. As a part of this redesign, BDDS will also need to identify an alternate means of calculation of cost neutrality for the CIH waiver due to the current methodology not reflecting current service costs, particularly institutional costs.

- Recommendations: BDDS is evaluating a restructuring/modernizing the delivery of case management services across both the FSW and CIH waivers, to create additional mechanisms and opportunities to more effectively incentivize quality services. This recommendation is being presented as a bid process for this specific service, to create competition and incentive for better coordination of care, more strategic use of waiver funds, and a better experience for individuals in our services. BDDS is also recommending rate review for services that may be appropriately delivered more long-term with a telemedicine option to create in-person service rates as well as a virtual or telemedicine rate.

BDDS has consulted with our National Association of State Directors of Developmental Disabilities Services to evaluate alternate methods of cost neutrality information and is currently exploring how cost neutrality could be calculated differently in future waiver amendments to more appropriately reflect institutional costs.

BDDS is also recommending consideration of new waiver services that provide similar or new service delivery options that improve individuals' quality of life, create opportunities for greater independence, and ultimately cost less than current service delivery. Specific examples would be Assistive Technology, and Shared Living (an adult foster care residential option).

### 3. Bureau of Quality Improvement Services

- BQIS requests to maintain the current level of funding through the next biennium. This funding is already obligated to contracts that are necessary to meet Medicaid requirements, specifically in the vein of health and safety for individuals receiving services and required oversight activities.

### 4. Bureau of Child Development (First Steps)

First Steps is an entitlement program which has seen consistent growth each year since 2012. In SFY 2019 the program served 30,091 children and families which was a 4.89% increase from SFY 2018.

## **Division of Aging (DA)**

### **MISSION**

The mission of the Division of Aging is to foster networks that provide information, access, and long-term care options that enhance choice, autonomy and quality of life for Hoosiers.

### **VISION**

Hoosiers and their families have consistent access to accurate information and timely services that empower them to make choices about their long-term support needs

### Aging Accomplishments FY20-21

1. Successfully implemented a new case management system that impacts most Division of Aging programs, including the A&D and TBI Medicaid waivers, CHOICE, Older Americans Act or Title III & Older Hoosiers, and Social Service Block Grant programs. This new system, CaMSS, replaced INsite which had been in place for more than two decades. This was at least the fourth attempt to replace INsite. CaMSS provides a more stable and secure information system. INsite was housed on 17 different servers across the state, most sitting at Area Agencies on Aging. CaMSS is a live system that is housed by state-controlled services. CaMSS has had several updates since rolling out on April 1, 2019 to improve its effectiveness and efficiency. CaMSS also has almost completed the CMS certification process.
2. Successfully updated the rate methodology and the corresponding rates for the A&D and TBI Medicaid waivers. This was the first comprehensive rate update for either of these two waivers in more than a decade. This process included substantial feedback and input from stakeholders across the spectrum of services offered by the Division. These rates have been implemented through successful CMS waiver amendments effective February 1, 2020.
3. Successfully transitioned single entity for all Pre-Admission Screening and Resident Review or PASRR activities. Previously, this was handled by disparate entities. Having a sole entity perform these tasks allows for more accountability, efficiency, and data reporting capabilities. The initial transition in July saw increased wait times, however by September the contractor was exceeding federal and contractual requirements. The timeline today is more than two full days quicker than contractual requirements.
4. Creation of a new pilot service that enables not only the self-direction of personal care services but also skilled nursing. This new service received CMS approval at the end of May 2020 and is available as of July 1, 2020.
5. Approved Aged and Disabled Medicaid waiver amendment to increase the availability of slots to enable greater utilization of home and community-based services versus institutional services such as nursing facilities.
6. Successful CMS approved renewals for both the A&D and TBI Medicaid waivers effective July 1, 2018 and January 1, 2018 respectively. A renewal is required every five years as opposed to amendments which can occur at the State's discretion.

7. Successful ACL approved four-year State Plan on Aging. This plan encompasses all of the Division's activities not just the activities funded by ACL. It was the result of substantial planning and stakeholder involvement through official comment and several public hearings across the state.
8. Continued work related to CMS HCBS Settings Rule compliance. This includes very substantial input and feedback from impacted providers as well as collaboration among multiple state agencies.
9. In September 2018, the Indiana Family and Social Services Administration (FSSA) Division of Aging (DA) was awarded a No Wrong Door (NWD) Business Case Development Grant of \$1.2 million by the Administration for Community Living of the U.S. Department of Health and Human Services. The project aim was to help sustain state and national momentum for system change that increases access to home and community-based services (HCBS) and reduces unnecessary healthcare utilization.
10. In the summer of 2019, the Division of Aging (DA), the Office of Medicaid Policy and Planning (OMPP) and stakeholders met to collaborate on key LTSS system integration and payment issues. The collaborative goal was to recommend changes and reforms to current State LTSS infrastructure for promoting equity of access for all Medicaid-eligible individuals in need of LTSS across all care settings.
  - Five workgroups were formed around the following LTSS topics: 1) Awareness, Education, Communication and Data; 2) Capacity Building; 3) Eligibility and Prevention; 4) Options Counseling, Care Planning, and Coordination of Key Entities, and 5) Payment.
  - These workgroups developed and produced several LTSS system recommendations over a three-month period (August – October 2019). Recommendations were consolidated and organized by the common themes that recurred across a majority of the workgroups.
11. Designed and implemented a high-risk response care coordination model as part of DA's COVID response plan to check on individuals living alone with high skilled need or attention to daily living functions. When participants were unreachable.
12. Assessed ways to combat social isolation through technology in long-term care facilities during COVID and received approval to purchase grandpads, animatronic pets, photo-sharing platforms, caregiver virtual resources, and send helpful resources directly to aging individuals in collaboration with AARP.
13. Collaborated with ISDH to release the Essential Family Caregiver, Visitation and Personal Service guidance to combat social isolation.
14. Presented in DA's first AARP Town hall forum focusing on COVID and services for an aging population. The forum reached over 13,000 people.

### Aging Challenges

1. COVID-19 has created a lot more work to be accomplished on top of regular activities. It has also created more challenges for keeping staff informed, engaged, and satisfied. However, it has also created many opportunities that were not previously available.
2. There was a difficult transition when automating the nursing facility level of care process from manual to being automatically communicated between separate information systems. This resulted in delayed payments to nursing facilities in early 2019. Payments have been caught up for some time, however there is still significant staffing required to maintain timeliness. Many updates have and continue to occur to fully transition to an automated versus manual process.

### Aging Recommendations

1. In order to address the growing need for additional extended skilled care in the home. There needs to be a focus on how to incentivize certain service activities and greater usage of self-direction.
2. Continue Long Term Services and Supports reform that helps members attain health and wellbeing and ensures providers are able to provide high quality care and support. LTSS reform will include a comprehensive focus on increasing health equity. This could include a focus on how state plan and waiver services interact as well as a focus on cost control within the waiver programs.
3. There also needs to be a focus on the RCAP program to attempt to make that program more sustainable in the future. Specifically, looking at ways to draw down federal match dollars.

## **Division of Family Resources (DFR)**

The Division receives applications and approves eligibility for Supplemental Nutrition Assistance Program (SNAP) previously known as Food Stamps, Cash Assistance (TANF) and Medicaid.

### **MISSION**

To compassionately provide all Hoosiers accurate, timely and consistent services with dignity.

### **VISION**

To concentrate our efforts and resources on meeting Hoosiers needs today so they may focus on creating a better tomorrow.

## **DFR ACCOMPLISHMENTS FY20-21**

1. Operational Efficiencies
  - Developed and released DFR Mission, Vision, and Value statements
  - Award and develop a contract with the successful bidder of the Request for Proposal (RFP) for the Central and Regional Change Centers (C/RCC's)
2. Compassionate Services
  - Implementation of the SNAP drug felon legislation
  - Successfully modified SNAP issuance schedule for two (2) consecutive months due to Federal Government Shutdown
  - DFR is Best in the Midwest for 2018 – SNAP error rate
  - Implemented policy to assist Blind and Visually Impaired Applicants/Recipients
  - Received successful Client Survey results reaching out to over 20,000 Recipients
3. Technology Initiatives
  - Pilot and Wave 1 Implementation of IEDSS
  - Implement “Rules of Behavior”
4. Collaboration
  - SNAP 50/50 onboarding of Second Helpings effective 10/2018
  - Added S.D.O.H. 10 Questions to the application for data gathering
  - Co-Location partnership with other State Agencies in Monroe County for One Stop State Agency co-location effort
  - Collaboration/partnership with ISDH in SNAP Nutrition Education Program – October 2018
  - Partnership with OECOSL to provide SNAP E&T participants with priority child care assistance – October 2018
  - Integration with WIC Mobile Unit-Marion Central Location
5. Enhanced Training
  - Migration to iLMS Training platform
  - Award and develop a contract with the successful bidder of the Request for Proposal (RFP) for Training Services

- Review/Update/Develop Benefit Recovery & SEC Training Materials
- Develop a Training curriculum for the transition of RCC ES's to the Local Office
- Implementation of LinkedIn Learning
- All Staff complete State Employee Policy Review

#### 6. Program Initiatives

- Maintain 95% timeliness for all eligibility programs
- SNAP
  - Reduce SNAP error rates to be at or below the SNAP national average
  - Implement SNAP DCA Statewide
  - Successfully complete FNS Program Access on-site Review – Allen Region – February 2018
  - Successfully complete FNS Employment and Training on-site Review – Marion East Office – March 2018
  - Successfully complete FNS SNAP Nutrition Education on-site Review – May 2018
  - Successfully complete FNS EBT on-site review – June 2018
  - Successfully complete the FNS SNAP ABAWD on-site review – March 2019
  - Successfully complete the FNS SNAP nutrition education on-site review – May 2019
  - Successfully complete the FNS Recipient Integrity on-site review – July 2019
- Repatriation Program
  - Complete Implementation of the State Emergency Repatriation MOUs
- Medicaid Burial
  - Revise the Burial Claim process
  - Completed first ever audit of Medicaid Burial Program
- Refugee Program
  - Modify Refugee data collection methodology

#### DFR Challenges

1. Identification of SNAP 50/50 Partners
2. Issuance of benefits during Federal Government shutdown
3. Statewide implementation of fully integrated eligibility system
4. Maintaining timeliness for distribution of benefits while using multiple systems
5. Maintaining accuracy for timeliness of benefits when using multiple systems
6. Maintaining quality training when using multiple systems

#### DFR 2021 PRIORITIES

1. Statewide Implementation of IEDSS
2. SNAP Payment accuracy above the National average
3. Complete Implementation of the State Emergency Repatriation Plan
4. Operationalize Regional Support Team
5. Implement SNAP drug felon legislation

6. Successfully complete the FNS SNAP Reporting Module Management Evaluation– February 2020
7. Maintain 95% timeliness for all eligibility programs
8. Successfully complete the FNS SNAP Onsite Technical Assistance review visit – March 2020
9. Finalize and implement the IEDSS New Hire Training content

## **Division of Mental Health and Addiction (DMHA)**

### **DMHA VISION**

An unyielding focus on promoting and supporting the mental health and wellness of the people of Indiana.

### **DMHA MISSION**

To champion mental health promotion and substance use disorder prevention, treatment and recovery systems that are high quality, seamlessly integrated and accessible to the people and communities of Indiana

The Division of Mental Health and Addiction (DMHA) sets care standards for the provision of mental health and addiction services to Hoosiers. The division certifies all community mental health centers, in-patient psychiatric hospitals, and addiction treatment services. DMHA provides funding support for mental health and addiction services to target populations with financial need through a network of certified providers, and administers federal funds earmarked for substance abuse prevention projects. DMHA operates six psychiatric hospitals Neuro-Diagnostic Institute, Evansville Psychiatric Children's Center, Evansville State Hospital, Logansport State Hospital, Madison State Hospital, and Richmond State Hospital.

## **DMHA ACCOMPLISHMENTS FY 20-21**

### *COVID-19 RELATED INITIATIVES*

1. The COVID-19 pandemic mandated a decisive response with the following initiatives:
  - BeWell Indiana and the BeWell Crisis helpline: Utilizing federal funding, DMHA established the BeWell Indiana website and BeWell Crisis helpline. The website features curated resources and links to receive mental health and SUD help. The Crisis helpline is staffed 24/7 by trained crisis counselors. The response to the crisis line has been overwhelming. BeWell Crisis Counselors provided over 100 hours of actual crisis counseling services in the first full week of operation.
  - Safe Recovery Sites: DMHA was tasked with providing safe quarantine opportunities for homeless individuals around the state. Through a combination of philanthropic support, federal, and state funds, DMHA established "Safe Recovery Sites" in Indianapolis and around the state. Through the end of July 2020, the sites have provided almost 800 individuals with the opportunity to safely quarantine and avoid further COVID Transmission.
  - Provider flexibility: DMHA worked with OMPP and behavioral health providers to grant maximum flexibility to allow lifesaving work to continue. In particular, Medicaid funded mental health services were able to continue largely uninterrupted due to a switch to telehealth. Additionally, Opioid Treatment Programs (OTPs) were granted flexibility to provide significantly increased take-home medications to allow patients to stay safe while continuing access to their medication. Through the end of June 2020, DMHA granted this flexibility to over 37,000 patients.

## 2. MENTAL HEALTH

- SMI waiver: Traditionally, inpatient psychiatric care has been excluded from Medicaid funding. DMHA worked with OMPP to submit an 1115 waiver to allow for the ability to claim federal financial participation for services delivered to individuals during short term stays for acute care in psychiatric hospitals or residential treatment settings that qualify as Institutions for Mental Diseases. 13 institutions are participating in the first iteration of the SMI waiver.
- Integrated care: DMHA has continued to drive towards better integration of Primary and Behavioral Health Care. DMHA has worked with providers to pilot different Integrated Care models and is continuing to evaluate the data to determine the best path forward.
- Criminal justice partnership: DMHA has led many initiatives geared towards improving the outcomes for justice involved individuals with behavioral health challenges, including:
  - Crisis intervention training (CIT): CIT is a law enforcement training model that emphasizes de-escalation to address mental health challenges. DMHA continues to work with law enforcement and advocacy partners to increase the adoption of CIT throughout the state.
  - SIM mapping: The Sequential Intercept Model (SIM) deconstructs an individual's justice involvement into 6 distinct stages, or "intercepts." DMHA is working to fund every Indiana county to participate in a "SIM Mapping" project that reveals the challenges and opportunities at each intercept point in each county to improve mental health outcomes in the justice system.

## 3. SUBSTANCE USE DISORDER

- Residential Treatment beds: since the beginning of the state fiscal year, DMHA has more than doubled the number of residential treatment beds from 765 to 1486.
- Comprehensive Addiction Recovery Centers (CARCs): Senate Enrolled Act 33 took effect July 1, 2019, allowing for an entity to apply for a grant and certification to become a Comprehensive Addiction Recovery Center providing or partnering with local agencies to provide the full continuum of care for substance use disorder. Three grants were awarded: Regional Health Systems in the northern region, Eskenazi Health in the central region and Community Mental Health Center in the southern region. DMHA continues to monitor and evaluate the program.
- Opiate Treatment Programs (OTPs): An additional nine OTPs have been authorized by State Legislators to be located across the State of Indiana to join a network of 18 existing OTPs in providing an array of medically supervised MAT options for those who wish to overcome an addiction to or dependence upon opioids. COVID-19 has slowed down the openings of the new sites, but DMHA was able to work with providers to open three new sites since the beginning of the biennium, with one more scheduled to open shortly.
- Recovery Works: The Recovery Works program was created to address gaps in Mental Health/SUD treatment for justice involved individuals. The challenge for DMHA in administering the program is that due to efforts of DMHA/OMPP to expand coverage, the "gaps"

keep changing. For example, the Recovery Works program was intended to pay for inpatient/residential SUD treatment, but Medicaid started covering that treatment in 2018. Despite these challenges, DMHA has been able to utilize Recovery Works to fill other, crucial gaps, including providing recovery housing for over 8,000 people. To date, more than 55,000 individuals have been served by the Recovery Works program.

- Federal Grants (STR/SOR): DMHA administers two large federal grants aimed at combatting the opioid crisis: The State Opioid Response (SOR) and the State Targeted Response (STR). DMHA has used this funding to increase residential treatment, improve access to MAT, increase provider and peer workforce capacity, build regional systems of care, reduce stigma, provider education/training, and much more.

#### 4. STATE PSYCHIATRIC HOSPITALS

Indiana's six psychiatric hospitals continue to present both challenges and opportunities to improve a vitally important part of the treatment continuum. The most pressing challenge, as always, is financial. Due to the Federal Institutions of Mental Disease (IMD) exclusion, Indiana is unable to access Federal funding for the vast majority of SPH patients. Despite this challenge, the SPH network has continued to thrive:

- The NeuroDiagnostic Institute (NDI) opened in early 2019 with 159 beds and state-of-the-art diagnosis and treatment for a variety of populations.
- The network implemented an electronic medical record (Cerner) throughout the State Psychiatric Hospital Network.
- Maintained Joint Commission Accreditation at all State Psychiatric Hospitals.
- Implemented a state-of-the-art Centralized Billing Office structure which created efficient staffing and structure at each of the hospitals.
- Contained COVID-19 outbreaks from occurring within the SPH Network, which led to the ability to assist ISDH with more than 10,000 N95 masks at the height of the pandemic. In addition, prepared two COVID-19 surge areas within a 30-day window to assist the State as needed.
- A dramatic increase in Incompetent to Stand Trial (ICST) referrals over the last several years has resulted in a significant wait list for admissions to hospitals, keeping many individuals in desperate need of treatment in inadequate jail settings. Through creative use of federal and state funding, DMHA launched a three-part initiative to reduce the backlog, involving (1) jail-based competency restoration, (2) community-based competency restoration, and (3) discharge supports to improve and expedite discharge from the hospital.

#### 5. YOUTH AND FAMILIES

- Prevention Regional System: Over the last two years, DMHA has worked with a diverse array of partners to build a Regional Prevention System. The system is designed to support Healthy Hoosiers so that each region is empowered to identify and build bridges that reaches their locally identified goals for reducing substance misuse behaviors and related consequences through

leading, convening, training, disseminating and partnering which motivates and encourages actions that: 1) Strengthen their communities infrastructure; (2) Build upon Influencers engagement and 3) Enhance collaboration. There are 10 identified regions and DMHA now has Regional Coordinators (contracted) for all 10 supported through 100% federal funds

- **Project AWARE:** In partnership with the Indiana Department of Education, DMHA launched Project AWARE in 2018 to work with participating school districts to create models of effective mental health practices for schools and students. Currently there are a total of 11 sites. This program model targets students who are at high risk for violence penetration and suicide. Project AWARE also involved the creation of the Change the Frequency campaign- a campaign focused on raising awareness around the stigma of mental health in schools and communities. The campaign provides students, faculty, and support systems with easy-to-understand tools and practices centered around recognizing the ways in which one's own social, emotional, and mental wellbeing can be influenced, and working to change that individual's wellbeing and overall quality of life.

## 6. QUALITY IMPROVEMENT

DMHA continues to strive to improve quality of care for Hoosiers receiving treatment, through clear, consistent engagement and communication with providers, including through the following initiatives:

- **ASAM Rule:** DMHA has been working to develop clear policy and procedure guidelines for Substance Use Disorder treatment providers. This set of guidelines is based on the American Society of Addiction Medicine's recommendations for best practice. The manual was sent to providers in January 2020 for comment and the team is currently modifying the guidelines accordingly. Provider implementation is planned for July 2021. Additionally, the team has been working to update the Indiana Rule that outlines Substance Use treatment expectations. The rule is designed in parallel with the aforementioned manual and is planned to be submitted for review in August 2020.
- **Mortality Reviews:** DMHA has embarked on an ambitious project to review all otherwise unexplained (by age, illness, etc.) patient mortalities in all of Indiana's CMHCs. This is a cooperative, collaborative process with the CMHCs to identify trends and work towards better implementation of Evidence Based Practices to keep more Hoosiers alive.

## 7. RECOVERY SUPPORT SERVICES

While much public attention is focused on treatment, DMHA has put an intentional focus on Recovery Supports to improve outcomes for Hoosiers with mental health and SUD challenges.

- **Peer Workforce:** DMHA works with community partners to certify and train peer recovery coaches, who are individuals with lived experience with MH/SUD that guide people through the recovery process. DMHA set a goal to increase the number of certified peer recovery coaches by 10% over the last two years. DMHA smashed that goal by increasing the number by 57%.

- **Regional Recovery Hubs:** Along with community partners, DMHA has used federal funding to lead the creation of the Regional Recovery Hub model, which organizes recovery supports into 5 regions supported by 16 recovery organizations. DMHA accelerated the timeline for the hubs due to the increased need for support created by COVID-19 and launched much earlier than anticipated in May 2020. Over the first two months of the project, over 1,300 individuals received peer supports.

## DMHA CHALLENGES

1. **CMHC/MRO System:** The CMHC system is underwritten by a special Medicaid program called the Medicaid Rehabilitation Option (MRO). The CMHCs get exclusive access to MRO, which allows for billing of a much broader range of mental health services, including case management and skills training. In exchange for the exclusive access to MRO, the CMHCs pay the state match for Medicaid. In theory, this creates perpetual sustainability for both the state and CMHCs. In practice, however, the CMHCs largely have not utilized rigorous, evidence-based treatment modalities and instead have targeted more lucrative, ancillary services like “skills training.”
2. **Forensic Backlog/Mental Health in Criminal Justice system:** The backlog of individuals found incompetent to stand trial requires them to remain in county jails awaiting a bed at the State Hospitals is a major problem for the individual in need of treatment and for county jails. States have paid over \$100 million in fees and fines from litigation over this very issue. DMHA is working to address the issue in the manners detailed above, but without significant reform or more resources, change will be difficult. The forensic backlog is a symptom of a larger issue, which is the treatment of individuals with mental illness at each step of the criminal justice system, from arrest to release from incarceration. DMHA is leading a multisector team that includes law enforcement, the judiciary, treatment providers and legislators to study and work on this issue.
3. **Use of federal funds:** Indiana received an unprecedented influx of federal funding through the State Opioid Response (SOR) grant and is expected to receive a more flexible version of the same grant for the next FFY. While DMHA has been able to use the funding to make significant progress, as detailed above, SOR-funded initiatives could achieve greater success through a more streamlined approach of review and approval for these initiatives.
4. **Personnel:** DMHA experienced significant attrition in the period leading up to and during the COVID caused hiring freeze. While DMHA understands the challenging fiscal climate, DMHA is often able to pay for internal staff through partial or full federal funds and would appreciate some flexibility to maintain adequate staffing levels through those creative approaches.

## **Office of Early Childhood and Out of School Learning**

### **VISION AND MISSION**

The vision of Office of Early Childhood and Out of School Learning (OECOSL) is that every Indiana community will have a strong network of Early Care and Education (ECE) and Out-of-School time (OST) programs that support the child, the family and local schools. Programs will be high quality, affordable and accessible, enabling families to work effectively to obtain economic self-sufficiency. Children will thrive in programs that meet their developmental and educational needs and make them feel welcome, encouraged and supported. Professionals teaching and caring for children have the resources, including training and education, needed to operate and maintain high quality programs.

OECOSL administers numerous early childhood and school-age, out-of-school time care and learning initiatives. These initiatives are focused on supporting low income families with a variety of high quality options for programs for their children ages birth to 13; as well as supporting providers of these services by offering resources needed to build the capacity of high quality programs. These high quality programs ensure that children are healthy, safe and learning in out of home environments.

### **OECOSL Accomplishments FY20-21**

1. ILEAD portal for childcare providers was released.
  - This is a portal for online applications and background checks that has reduced the time frame to process applications as well as reduced the need for paper-based processing. Background checks must be completed within 45 days to meet federal requirements and are now processed on average within 5 to 7 days.
2. Indiana Learning Paths was released within ILEAD.
  - This is a portal for childcare providers to take online training and sign up for trainings. This also feeds information to our data base CCIS that has streamlined licensing visits to ensure more time can be focused on providing technical assistance during visits.
3. The data analysis and policy development has been completed for Differential Monitoring in preparation for a new system.
  - Differential monitoring is a regulatory method for determining the frequency or depth of monitoring based on an assessment of a facility's history of compliance with licensing rules. A differential monitoring system can be used to recognize a provider's strong record of licensing compliance with abbreviated or less frequent inspections if there have been no serious violations for a period of time. For providers with rule violations and compliance issues, licensing agencies can use differential monitoring to focus more attention on those facilities with additional monitoring visits, targeting visits on the problem areas, and providing technical assistance. When

inspections are focused on a subset of rules, States often have an option for licensing staff to conduct a full review when necessary.

4. Safe Sleep training is now online and childcare staff can now take this training at any time. Safe sleep training ensures that childcare staff are placing infants in the proper position to sleep to reduce sleep related infant deaths. By moving this to an online training access to this training was increased as well as reduced costs for OECOSL and providers to have to attend an in-person training.
5. TEACH scholarships were extended for OECOSL staff.
  - This scholarship provides an opportunity for staff to attain an Associates, Bachelor's and/or Master's degree.
6. Orientation II training is now online for individuals that are interested in opening childcare centers, homes or ministries.
  - This training is a requirement to open and operate a childcare program. This can be found at the Indiana Learning Paths and individuals are able to take this training at any time.
7. SEA-238 2020 came into effect on 7/1/2020 which requires registered childcare ministries to have current CPR and First aid training.
8. Executed RFPs that resulted in changes to the Child Care Resource and Referral Agencies and the Eligibility offices.
  - These changes resulted in efficiencies being gained in access for providers and families to gain resources as well as monitoring efficiencies of these vendors. In addition, payment metrics were added to each contract which did not exist prior.
9. Deployed updated QIA contract which included several efficiencies and enhancements, including provider pulse checks and reducing time spent in programs
10. Developed and launched Early Ed Connect (EEC) which allows families to apply for On My Way Pre-k and CCDF through an online application and complete appointments virtually.
11. Moved to statewide implementation for On My Way Pre-k
  - Successfully enrolled 3,500 children in 80+ counties
  - Have Level 3 or 4 programs in all counties with the exception of 2 (Prior to closures due to COVID)
12. Awarded the Preschool Development Grant (PDG) Round 1 and created a strategic plan with robust stakeholder input for a long-range plan for children Birth through 5
13. Created a communications platform that allows for email/text communications to families and early education programs. This new technology has allowed for faster more effective communication that has proven to increase outreach efforts and show promising results.

OECOSL programs to be reduced or eliminated

1. School Age Child Care (SACC) grants are an ongoing challenge. They are difficult to administer and monitor for both OECOSL and our partners. The required components of the grant, which are outlined in statute, have not been revised in some time and make it difficult for providers to be successful in administering these funds. State funds may be better allocated in another manner.

OECOSL challenges and recommendations FY22-23

1. Currently our licensed childcare centers, licensed child care homes, licensed exempt LLEP and emergency closure rules are in OMB, the Office of Management and Budget. Our challenge will be getting these rules passed so that we can be current with federal and state rules.
2. OECOSL is required to do background checks in any state that a caregiver has lived in the last 5 years. The majority of states require payment to complete a background check. These payments are often by check or money order and we do not have the ability to provide this form of payment and therefore must request a waiver from ACF to omit these states from our background check process. We will need to devise a process to make payments to these states and work with IDOA on a solution that is not time consuming and allows us to meet our 45-day timeline.
  - If Indiana were to join the FBI's National Fingerprint File (NFF) compact it would eliminate the need to conduct interstate criminal history checks which could result in cost savings.
3. If unemployment were to remain high it may be a challenge to meet our CCDF direct services spending requirements. We will need to more closely monitor our projected and actual spend throughout the next biennium.
4. Implementing a new data system and the learning and adoption that must accompany that to make is successful. Strategies to address this include:
  - Offer robust training opportunities for data entry and reporting, as well as some technical support for contractors for a period of time to reach out with questions
  - Create a QA system to ensure the quality data is being entered reliably across the state
  - Launch a data committee as a component of the quarterly partner meeting that can draft coordinated QA procedures
5. Implementation of the Kindergarten Readiness Instrument (KRI) adopted by the State Board of Education due to schools not resuming session on time and potential lack of enrollment of On My Way Pre-k impacting the sample size needed for effective data reporting.

### Indiana 211

Since 2003, Indiana 211 has served as a non-profit providing a free referral service to Hoosiers in need. Using a resource database and a phone bank of resource navigators, IN211 connects thousands of Hoosiers with appropriate government and community-based services.

As a part of Governor Holcomb's 2020 legislative agenda, SEA 267 authorized that on July 1, 2020, Indiana 211 would join FSSA. Full integration of IN211 will be complete by December 31, 2020. Secretary Sullivan is publicly calling IN211 FSSA's eighth division to demonstrate the value Governor Holcomb and FSSA know 211 has to offer. Indiana 211 will help ensure a sustainable and robust community-based organization network for assisting Hoosiers becomes a reality.

#### Indiana 211 Initiatives FY2022-2023

1. Increase employee retention
2. Enhance employee training programs around social determinants of health, including race equity
3. Automate and simplify the critical updating and maintenance of the resource database
4. Adopt FSSA data governance policy
5. Increase public awareness and understanding of 211. It is Secretary Sullivan's goal that IN211 become the country's social service referral model.

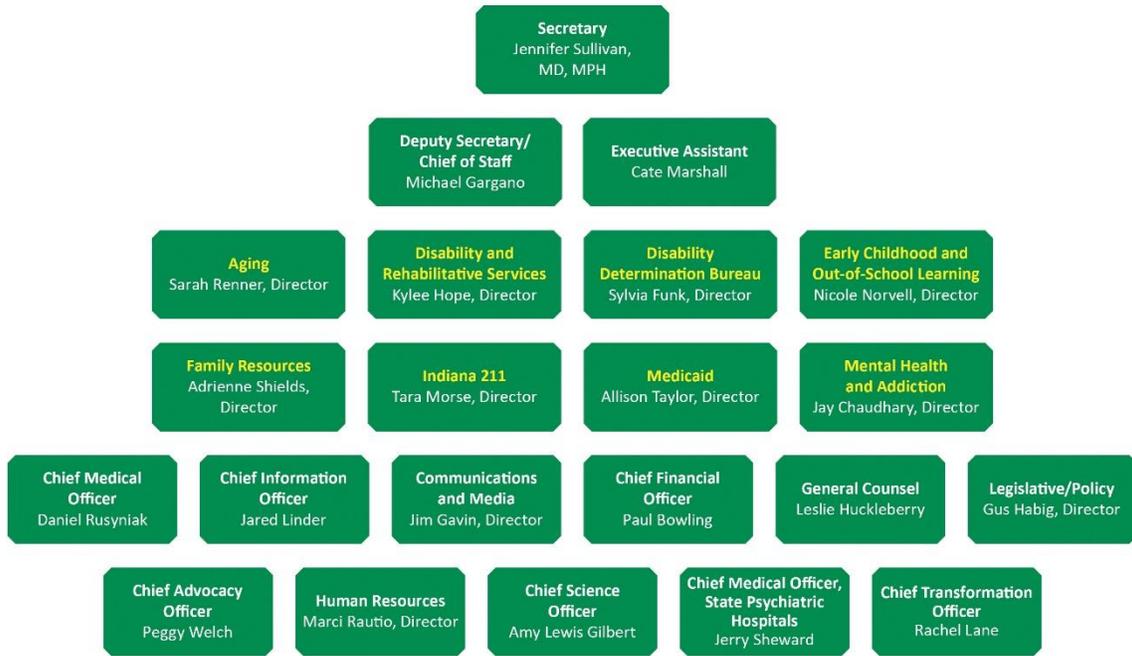
### FSSA's Overall Initiatives for FY 22-23

Continuing to meet the health and human services needs of Indiana's population within a fiscally responsible balanced budget will always be challenging. Numerous program enhancements, improvements, and efficiencies have been identified and implemented, and the agency is committed to making additional improvements and modifications to meet these challenges in the next biennium.

Organizational Chart:



## FSSA Executive Leadership



December 4, 2020 4:10 PM

Sincerely,

Dr. Jennifer Sullivan  
FSSA Secretary